

contracted, hard, and scar-like. Its firm surface became covered with epithelium.

Five other such cases were treated by the same method, and the results found to be quite as satisfactory.

The injections were done in the following manner: A Braun's syringe was used, having a long needle of small calibre. Injections were made in various parts of the growth, but not more than two cubic centimetres was injected at any one sitting. The injections caused more or less pain, which soon subsided.

The author thinks that this method approaches very near to actually curing the disease.—*Centralblatt für Gynäkologie*, No. 39, 1893.

JAMES P. WARBASE (Brooklyn).

NERVOUS SYSTEM.

A Contribution to the Study of the Surgical Lesions of the Pneumogastric. By Dr. DAVIDE GIORDANO (Bologna). In this contribution Dr. Giordano, first assistant to the chair of surgery at the University of Bologna, has presented a careful *résumé* of the work that has been done upon the physiology and traumatic lesions of the pneumogastric nerve, limited to the results that follow (*a*) accidental traumatic lesions due to external violence, and (*b*) lesions produced by the surgeon, either in operations upon tumors which include the nerves, or in accidental inclusions of the nerves in ligatures, etc.

The author collects the known recorded cases in a series of tables, presenting the statistics of ten cases falling under the first class. Of the surgical lesions there are presented forty-one cases, seven in an appendix, with details of the operation, symptoms, and results. In summing up the results attained by a study of these tables the author observes, "That, notwithstanding the many gaps that can be noted regarding these recorded cases, and in spite of the many contradictory symptoms and their insufficiency to warrant the conclusions that they are due entirely to the lesions of the pneumogastric, there are still a certain number of well-established observa-

tions upon which it is possible to come to the following conclusions: It can be seen that the total mortality due to lesions of the vagus nerves is about 60 per cent., with this distinction, that for wounds produced by firearms the mortality is raised to 75 per cent., while it descends to 53 per cent. in surgical lesions. And likewise for the various surgical lesions we note that the mortality does not rise above 45 per cent. in maltreatment of the nerve, whereas in resection it is 75 per cent."

A series of experiments upon dogs and rabbits was instituted to endeavor to clear up some of the discordant results as brought about in a careful study of the tables, the whole making a valuable contribution to the knowledge of the subject.—*La Clinica Chirurgica*, Vol. 1, No. 6, June 30, 1893, pp. 241-273.

SMITH ELY JELLIFFE (Brooklyn).

HEAD AND NECK.

I. Two Cases of Successful Operation for Cerebral Abscess. By Dr. LINDH (Copenhagen). The author reported two cases before the recent meeting of the Congress of Scandinavian Surgeons. The first was a man of thirty-six years, who had suffered from suppurative inflammation of the middle ear. Ptosis of the left eye, spasms of the muscles of the back of the neck, and paresis of the face led to a diagnosis of cerebral abscess. The mastoid process was first trepanned and found normal. The temporal bone was then opened, and on trial puncture into the brain-substance pus was found quite deeply situated. A crucial incision into the dura mater and brain revealed pus two centimetres below the cortex. After evacuation a drainage-tube was introduced, and the cavity healed by granulation. After the operation the patient was seized with an acute psychosis and was delirious for three weeks. In the mean time the wound healed, and at the same time that he was about to be discharged and taken home the mental affection also disappeared.

The second case was a girl of eight years, who previously had not presented the slightest sign of disease, except a tuberculous ten-